PTO/SB/22 (04-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		004	2-0492P
Application Number 10/767,057-Conf. #5	480	Filed Ja	inuary 30, 2004
For CIGARETTE FILTER			
Art Unit 1731		Examiner	J. L. Lazorcik
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee	œ
Two months (37 CFR 1.17(a)(2))		\$ 60	\$
tourist the second seco	\$450	\$225	\$
	\$1020	\$510	\$ 1,020.00
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number02-2448 I have enclosed a duplicate copy of this sheet.			
JZ ZITV	. Thave choic	sed a duplicate cop	y or ans sneet.
I am the applicant/inventor			
application to the state of the			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record. Regi	stration Number	28,380	
attorney or agent under 37 CFR	1.34.		
Registration number if acting under	37 CFR 1.34		
6.6	2	Augus	23, 2007
Signature		Date	
James M. Slattery		(703) 205-8000	
Typed or printed name #43,360 Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms are submitted.			